



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 7237

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/517,947	10/06/2005	606	3739	13045.0036USWO	
<b>RULE</b>					
<b>APPLICANTS</b> Michael E McClurken, Durham, NH; David Lipson, Ithaca, NY; Arnold E Oyola, Northborough, MA; David J. Flanagan, Somersworth, NH;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/15340 05/15/2003 which is a CON of 10/147,373 05/16/2002 PAT 6,953,461					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/29/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /SAMANTHA A MURO/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
		NH	30	1	1
<b>ADDRESS</b> MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903 UNITED STATES					
<b>TITLE</b> Fluid-assisted medical devices, systems and methods					
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees			
		<input type="checkbox"/> 1.16 Fees (Filing)			
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)			
		<input type="checkbox"/> 1.18 Fees (Issue)			
		<input type="checkbox"/> Other _____			
		<input type="checkbox"/> Credit			